

STATE OF TENNESSEE

DEPARTMENT OF COMMERCE AND INSURANCE
DIVISION OF REGULATORY BOARDS

Home Inspector Licensing Program

500 James Robertson Parkway, 2nd Floor
Nashville, TN 37243

(615) 253-1743 FAX: 615-741-6470

APPLICATION

FOR

HOME INSPECTOR PRE-LICENSE EDUCATION PROVIDER

FOR OFFICE USE ONLY	Date	_			
Approved: () Co	urse No	Disapproved () Ple	ase see at	tached corresp	ondence
NAME OF EDUCATION F	PROVIDER:				
Mailing Address:		St	ate	Zip Code	
Physical Address		St	ate	Zip Code	
Telephone Number	Fax N	umber	_ e-mail: _		
Person Responsible for Education Program Ti			_ Title		
COURSE TITLE:				() Other	
		URSE CURRICULUM WITH	_		
Is this course: () In-Clas	ssroom instruction	() Correspondence	() 0	n-line	
Do you require home insp	ections and report wri	ting as part of your educat	ional proce	ess?Yes	No
Number of hours being requ	uested for your education	nal program			
INSTRUCTOR(S): (a resur may be	ne for each Instructor pe attached)	r course must be submitted	with the app	olication) (addition	al pages
Name of Instructor:					
Title					
Employee of					

IN-1534 RDA 2225

PRE-LICENSE EDUCATION PROVIDER CHECKLIST

As the Tennessee Home Inspector License Program has filed Public Necessity Rules, which are temporary, yet legal and effective as we proceed to finalize the final set of rules, we have revised our Home Inspector Pre-License Education Provider Application and are requiring the following checklist to be completed and submitted as part of the application.

In addition to the requirements requested on page 1 of this application, per Public Necessity Rules, Chapter 0780-5-12-.07(1)(b), the following information is required. Please indicate where the topics can be located within the curriculum provided. (volume, page, item #, etc.)

 Observing and identifying defe 	ects in:
a. Structural Componentsb. Foundationsc. Roof Coverings	
2. Insulation	
Exterior Components Interior Components	
4. Plumbing Systems Heating Systems Cooling Systems Electrical Systems	
5. Applicable laws and rules	(student should be advised to read and understand) (copies may be obtained from our website)
	www.state.tn.us/commerce/boards/hic/index.html
6. Business Management	

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Home Inspector Pre-license Education Provider

I certify that I am the individual and/or representative responsible for making application to be approved as an Educator Provider in the State of Tennessee. I have read and understand the Home Inspector Licensing Laws, Chapter 65 of the Public Acts of 2005 and the Public Necessity Rules, which are temporary, yet legal and effective through September 18, 2006, and that the courses offered by this education provider for **pre-license** education credit will comply with the criteria in the Home Inspector License Act of 2005.

Education Provider Name
Signature of Person(s) Responsible
· · · ·
Print name of Person Responsible
Date

MAIL APPLICATION TO:

Department of Commerce and Insurance Home Inspector Licensing Program 500 James Robertson Pkwy., 2nd Floor Nashville, TN 37243

THIS PAGE WILL BE REVISED UPON SUCH DATE AS THE ADMINISTRATIVE RULES ARE FINALIZED

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